Ithis form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: <u><58/05/7.007</u>	Address: 3700 W. C. P. 950 N.
Case #: 43 - 25119	N. VER, 50.1, 1. J. 47265
County: JENINGS	
Type of Laboratory Seizure (check one)	Seizure Location (check all that apply)
Operational Lab	Residence Hotel/Motel
Chemical/Glassware/Equipment (only) Dumpsite (only)	Outbuilding Open - No Structure Other:
Items Found: Location (bedroom, kitchen, open ale	
(check all that apply) [Lithium/Ammonia Reaction(s):	r, etc)
☐ Red Phosphorous/Iodine Reaction(s):	
☐ Flammable Solvents;	
☐ Water Reactive Metal (Lithium):	
Anhydrous Ammonia: Lu : Luk : C	EE DUANAN
☐ Hydrochloric Acid Gas Generator(s):	
Corrosive Acid:	
L∃ Corrosive Base:	
Other (item and location):	·
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip
	Other:
This report is to be faxed to the following agencie	s that serve the location:
Fire Department: CLEMENA WASHIP.	Fax: 5312 - 392 - 2711
Health Department: JE WWW. JGS Cs.	Fax: <u>1812 - 352 3030 (</u>
Child Protection Service: SIK	Fax: 11A
For further information regarding this methamphetan Investigating Officer: \(\lambda \lambda \	Phone 812 527 144

** listed within 24 hours of scene processing.

This form is to be laxed to the Fire Department, Health Department and/or Child Protective Services Department

This form is to be

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.